



# MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION

100 North Park Avenue, Suite 200 ~ PO BOX 200131

Helena, MT 59620-0131

(406) 444-3154 or (877) 275-7372

## VOLUNTEER FIREFIGHTERS' COMPENSATION ACT APPLICATION FOR SERVICE RETIREMENT

### **TO BE COMPLETED BY THE RETIRING MEMBER**

(Print or Type)

In accordance with the provisions of Sections 19-17-401, et seq., MCA (see reverse), I am applying for retirement from active service.

1. Name \_\_\_\_\_ SSN \_\_\_\_\_  
(For tax purposes 26 USC § 6401A and 6109,)

2. Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Attach copy of birth certificate

3. Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Name of Beneficiary \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Spouse or Children-under age 18)

Beneficiary's SSN \_\_\_\_\_ Relationship \_\_\_\_\_  
(For ID purposes §19-2-403(7), MCA)

5. Anticipated Date of Retirement \_\_\_\_\_

6. Last Year of Credited Service: June 30, \_\_\_\_\_.

7. List all Fire Companies You Served with \_\_\_\_\_  
\_\_\_\_\_

8. Fire Company Retiring From \_\_\_\_\_

### 9. TERMINATION CERTIFICATION

**I certify that this individual has terminated service with the above named fire company or will terminate service as of the above date.**

\_\_\_\_\_  
Signature of Fire Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

#### MPERA USE ONLY

Ret# \_\_\_\_\_

Agency# \_\_\_\_\_

Eff Date \_\_\_\_\_

Bnft Amt \_\_\_\_\_

Total SCM \_\_\_\_\_

Aprv \_\_\_\_\_

## ***ELIGIBILITY FOR PENSION BENEFITS***

*A volunteer firefighter is eligible for a full pension benefit (\$150 per month) after completing 20 years of service and attaining age 55. A member does not have to be an active member of a volunteer company when age 55 is attained.*

*A volunteer firefighter who has 20 years of service, continues to work as a volunteer firefighter, and meets eligibility requirements will increase their future pension benefit by \$7.50 per month for each additional year of service earned, up to a maximum of 30 years of total service.*

*A volunteer firefighter with at least ten years, but less than 20 years, of service is eligible for partial pension benefits after attaining age 60.*

*Monthly benefits paid to a survivor will equal the member's full or partial pension benefit or disability benefit. Survivorship benefits are limited to 40 months, including any benefit paid to the member before death. If a member receives benefits for 40 months before death, no survivorship benefit is available. At the request of the survivor, a lump sum payment for the survivorship benefit may be made instead of the monthly benefit payments.*

*The years of service are cumulative and need not be continuous. The service may be acquired through separate periods of service with different fire companies. Fractional years may **not** count toward service retirement. To receive credit for any year, the volunteer firefighter must have been a member for an entire year **and** must have received the minimum 30 hours of instructional training. These two requirements are documented through the filing of **Annual Certificates**. Each fire company is responsible for filing the certificates with the Montana Public Employee Retirement Administration (MPERA) on a yearly basis.*

RETURN TO: **MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION  
100 NORTH PARK AVE STE 200  
P O BOX 200131  
HELENA MT 59620-0131**